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TRANSMITTAL
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(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

19

Application Number

10/735,657

Filing Date

12/16/2003

First Named Inventor

Ripley, et al

Group Art Unit

3722

Examiner Name

D. Ross

Attorney Docket No.

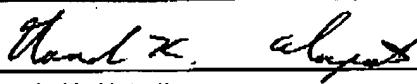
1095 1010.1

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	1.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

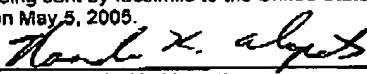
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Or Individual Name	Customer No. 26158 Womble Carlyle Sandridge & Rice, LLC P.O. Box 7037 Atlanta, Georgia 30357-0037 703-394-2216	
Signature		
	Nanda K. Alapati	39,893
Date	May 5, 2005	

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this correspondence is being sent by facsimile to the United States Patent and Trademark Office, at fax number 703-872-9306 (USPTO Customer Window) on May 5, 2005.



Nanda K. Alapati

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Effective on 12/8/2004. Fees pursuant to the consolidated Appropriations Act 2005 (H.R. 4818)						WCSR Form(12-04)																																																																
FEET TRANSMITTAL for FY 2005						Complete if Known																																																																
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						Application Number 10/735,857																																																																
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 09-0528 Deposit Account Name Womble Carlyle Sandridge & Rice The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																																						
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EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Total Claims</th> <th style="width: 25%;">Independent Claims</th> <th style="width: 25%;">Multiple Dependent</th> <th style="width: 25%;">Extra Claims</th> </tr> </thead> <tbody> <tr> <td>48</td> <td>31 **</td> <td>8</td> <td>17</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x</td> </tr> <tr> <td>8</td> <td>5 **</td> <td></td> <td>3</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Fee from below</th> <th style="width: 25%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>50</td> <td>850.00</td> </tr> <tr> <td>200</td> <td>800.00</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Large Entity</th> <th style="width: 25%;">Small Entity</th> <th style="width: 25%; text-align: right;">Fee Description</th> <th style="width: 25%; text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td></td> <td style="text-align: right;">Fee Paid</td> </tr> <tr> <td>1202 50</td> <td>2202 25</td> <td>Claims in excess of 20</td> <td style="text-align: right;">850.00</td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td>Independent claims in excess of 3</td> <td style="text-align: right;">800.00</td> </tr> <tr> <td>1203 360</td> <td>2203 180</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 200</td> <td>2204 100</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 50</td> <td>2205 25</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL</td> <td style="text-align: right;">(\$)</td> </tr> <tr> <td colspan="3" style="text-align: right;">**or number previously paid, if greater. For Reissues, see above</td> <td style="text-align: right;">1450.00</td> </tr> </tbody> </table>							Total Claims	Independent Claims	Multiple Dependent	Extra Claims	48	31 **	8	17				x	8	5 **		3				x	Fee from below	Fee Paid	50	850.00	200	800.00			Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)		Fee Paid	1202 50	2202 25	Claims in excess of 20	850.00	1201 200	2201 100	Independent claims in excess of 3	800.00	1203 360	2203 180	Multiple dependent claim, if not paid		1204 200	2204 100	** Reissue independent claims over original patent		1205 50	2205 25	** Reissue claims in excess of 20 and over original patent		TOTAL			(\$)	**or number previously paid, if greater. For Reissues, see above			1450.00
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SUBMITTED BY				Complete if applicable	
Name (Print/Type)	Nanda K. Alapati	Registration No. (Attorney/Agent)	39,893	Telephone	703-394-2216
Signature	<i>Nanda K. Alapati</i>			Date	May 5, 2005

WASHINGTON 145748v1

Application Serial No. 10/735,657
 Response to Office Action mailed March 28, 2005

IN THE U.S. PATENT AND TRADEMARK OFFICE

Application No.: 10/735,657	Confirmation No. 2850
Application of: RIPLEY et al	Group Art Unit: 3722
Filing Date: December 16, 2003	Examiner: D. Ross
Title: Milling Cutting Tool Having Cutter Body Mated to an Adapter	Docket No. I095 1010.12 Customer No. 26158

AMENDMENT

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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir or Madam:

In response to the office action mailed March 28, 2005, please enter and consider the following amendments and remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this correspondence is being sent to the central facsimile number, 703-872-9306, for patent application related correspondence on May 5, 2005

Nanda K. Alapati
 Nanda K. Alapati

05/06/2005 HGUTEMA1 00000034 090528 10735657

01 FC:1201	600.00 DA
02 FC:1202	850.00 DA

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PAGE 3/19 * RCV'D AT 5/5/2005 4:20:17 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/4 * DNIS:8729306 * CSID:7039182265 * DURATION (mm:ss):05:24